

RESEARCH & RELATED PERSONAL DATA

Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Co-Project Director/co-Principal Investigator 1

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Date of Birth: 08-13-1967		Social Security Number: 000-00-0000	Gender: Male	

Race (check all that apply): <input checked="" type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Do Not Wish to Provide	Ethnicity: Hispanic or Latino	Disability Status (check all that apply): <input checked="" type="radio"/> Hearing <input type="radio"/> Visual <input type="radio"/> Mobility/Orthopedic Impairment <input type="radio"/> Other <input type="radio"/> None <input type="radio"/> Do Not Wish to Provide
Citizenship: US Citizen		

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Co-Project Director/co-Principal Investigator 2

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Date of Birth: 08-13-1967		Social Security Number: 000-00-0000	Gender: Male	

Race (check all that apply): <input checked="" type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Do Not Wish to Provide	Ethnicity: Hispanic or Latino	Disability Status (check all that apply): <input checked="" type="radio"/> Hearing <input type="radio"/> Visual <input type="radio"/> Mobility/Orthopedic Impairment <input type="radio"/> Other <input type="radio"/> None <input type="radio"/> Do Not Wish to Provide
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Co-Project Director/co-Principal Investigator 3

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Date of Birth: 08-13-1967		Social Security Number: 000-00-0000	Gender: Male	

Race (check all that apply): <input checked="" type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Do Not Wish to Provide	Ethnicity: Hispanic or Latino	Disability Status (check all that apply): <input checked="" type="radio"/> Hearing <input type="radio"/> Visual <input type="radio"/> Mobility/Orthopedic Impairment <input type="radio"/> Other <input type="radio"/> None <input type="radio"/> Do Not Wish to Provide
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